

Revision: HCFA-PM-95-4
JUNE 1995

(HSQB)

ATTACHMENT 4.35-G

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: NEVADA

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Transfer of Residents; Transfer of Residents with Closure of Facility:
Describe the criteria (as required at '1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

Alternative Remedy

(Will use the criteria and
notice requirements speci-

(Describe the criteria and notice

fied in the regulation.)

requirements and demonstrate that
the alternative remedy is as
effective in deterring non-
compliance. Notice requirements
are as specified in the
regulations.

TN No. 95-08

Supersedes

Approval Date 12/11/95

Effective Date 7/1/95

TN No. N/A

